



Maine Revenue Services  
Special Fuel Supplier/Retailer Tax Return



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\*0608202\*

Registration No.

Period Begin

Period End

Due Date

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1. Entity Information

***Use this area only to report changes in your business***

2. **OUT OF BUSINESS?** Check here ☐, return permit to Bureau and complete information at right. Date closed: \_\_\_\_\_
3. **OWNERSHIP CHANGE?** If you have changed ownership, indicate the date when this occurred here \_\_\_\_\_ and check the type of change below.
- ☐ Incorporated ☐ Partner added or dropped
- ☐ Other (explain on reverse)
- ☐ Sold to \_\_\_\_\_
4. **NAME CHANGE?** Attach explanation to this return.

ADDRESS CHANGE?: If your address above is incorrect, please make the appropriate changes to the preprinted address.

**Do Not Use Red Ink!**

RECEIPTS (undyed fuel only)		SUPPLIER - DISTILLATES (diesel, kero)	RETAILER - LOW-ENERGY FUEL (propane, natural gas)
Beginning Inventory		1a. _____	1b. _____
Gallons Received - Tax Paid	Sch 1	2a. _____	
Gallons Received - Tax Unpaid	Sch 2	3a. _____	
Gallons Imported - Direct to Customer	Sch 3	4a. _____	
Gallons Imported - Bulk Storage	Sch 4	5a. _____	
Total Receipts (total lines 2 through 5)		6a. _____	6b. _____
Available Gallons (line 1 plus line 6)		7a. _____	7b. _____
Ending Inventory		8a. _____	8b. _____
Accountable Gallons (line 7 minus line 8)		9a. _____	9b. _____
DISTRIBUTIONS (undyed fuel only)		SUPPLIER - DISTILLATES (diesel, kero)	RETAILER - LOW-ENERGY FUEL (propane, natural gas)
Total Gallons Sold and Used		10a. _____	10b. _____
Sales for Heating and Cooking		11a. _____	11b. _____
Sales to U.S. Government	Sch 8	12a. _____	12b. _____
Sales to Other Suppliers	Sch 6	13a. _____	
Power Generation for Resale	Sch 10	14a. _____	
Exports	Sch 7	15a. _____	
Sales to this State or Political Subs	Sch 9	16a. _____	16b. _____
Kerosene for Retail Sale		17a. _____	
Dyed Fuel (not included in Lines 11-17)		18a. _____	
Total Exempt Sales (add lines 11 through 18)		19a. _____	19b. _____

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Make check or money order payable to the STATE TREASURER and mail to:  
Maine Revenue Services, P. O. Box 1064, Augusta, ME 04332-1064

Send your remittance with your return postmarked by the due date printed on the top of the return. Please record your registration number on your check. Failure to file a return on or before the due date will result in interest and penalty charges. Billings will be issued shortly after the processing of your return.

A return must be filed even if there were no sales or purchases during the period.

<b>Tax Computation</b>		<b>SUPPLIER - DISTILLATES</b> (diesel, kero)	<b>RETAILER - LOW-ENERGY FUEL</b> (propane, natural gas)
Taxable Gallons (line 10 minus line 19)	20.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Excise Tax Rates	21.	<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">X .279</div>	<div style="border-bottom: 1px solid black; width: 100%; text-align: center;">(See Instructions) X .194</div>
Excise Tax Due (line 20 times line 21)	22.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Excise Tax Paid Purchases      Sch 1	23a.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Adjustment from Worksheet "B" (attach worksheet)	23b.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Net Excise Tax Due (line 22 minus line 23a plus line 23b)	24.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	<div style="border-bottom: 1px solid black; width: 100%;"></div>
Total Due with this Return      Add line 24 (Distillates) and line 24 (Low-Energy Fuel)	25.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Credit from Prior Period	26.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Amount Due      Line 25 less line 26. Use line 28 if result is a credit.	27.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
Credit Due      If line 25 minus line 26 is a credit, enter the amount to the right.	28.	<div style="border-bottom: 1px solid black; width: 100%;"></div>	
If you wish a refund rather than a carry forward to the next period, check here.		<input type="checkbox"/>	

**Supplier - Distillates only**

The following are attached to this return to support one or more of the above schedules:

Receipts	Sch. 1	<input type="checkbox"/>	Disbursements	Sch. 5	<input type="checkbox"/>
	Sch. 2	<input type="checkbox"/>		Sch. 6	<input type="checkbox"/>
	Sch. 3	<input type="checkbox"/>		Sch. 7	<input type="checkbox"/>
	Sch. 4	<input type="checkbox"/>		Sch. 8	<input type="checkbox"/>
				Sch. 9	<input type="checkbox"/>
				Sch. 10	<input type="checkbox"/>

Signature/Title

SFS-1 Revised 08/06

Print Name

Date

Phone #

For assistance in completing this form, call (207) 624-9609